

**WORKFORCE SERVICES**

sdjobs.org

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

**HOST AGENCY APPLICATION**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FEIN#: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

If training is to take place at a different location provide, address & phone for training location:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AGENCY AND FUNDING SOURCE**

- ☐ Federal Government ☐ State Government ☐ County Government  
☐ Municipal Government ☐ Non-profit organization which is tax exempt under §501c3 of the Internal Revenue Code of 1954. (Attach copy of the I.R.S. determination letter of §501c3 status.)

Indicate percentage of the agency's funding:

Federal Government: \_\_\_\_\_% State Government: \_\_\_\_\_%

Local Government : \_\_\_\_\_% Private Sector: \_\_\_\_\_%

The agency's fiscal year is from \_\_\_\_\_ (Month, Day) to \_\_\_\_\_ (Month, Day)

Briefly describe the organization's purpose and target population:

**TRAINING**

*Job title of training position:* \_\_\_\_\_

*Briefly describe the training position duties that will be learned:*

*Name and title of person(s) who will provide supervision and training:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EMPLOYMENT**

Will the agency be able to employ the participant upon successful completion of training?

- ☐ Yes, provided that funding is available.
- ☐ No, there is not a reasonable expectation that funding will be available.

If no, what will the agency do to help participant obtain employment? \_\_\_\_\_

**VERIFICATION**

I verify that this training position constitutes a new or expanded service and is not a violation of Maintenance of Effort regulations of the U.S. Department of Labor; that is, each training position:

- Does not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program;
- Does not displace currently employed workers (including partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits);
- Does not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be performed; and
- Does not employ or continue to employ any eligible individual to perform the same work or substantially the same work as that performed by any other individual who is on layoff. (OAA § 502(b)(1)(G)).

\_\_\_\_\_  
NAME OF AUTHORIZED AGENCY REPRESENTATIVE

\_\_\_\_\_  
TITLE OF AUTHORIZED AGENCY REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE